

FIG. 1

FIG. 2a

COMPARISON OF TWO COMPLIANT QUESTION SESSIONS

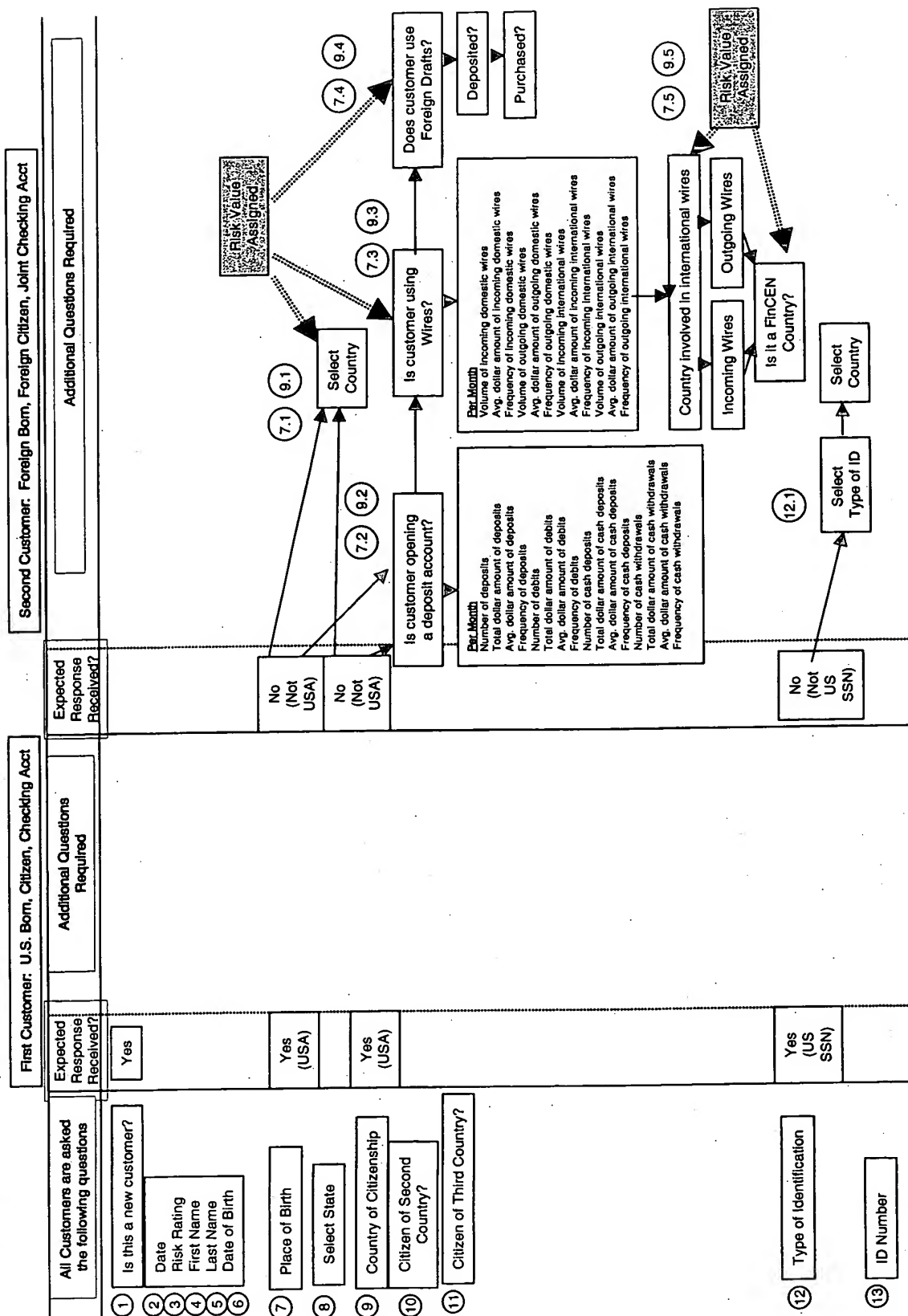


FIG. 2b

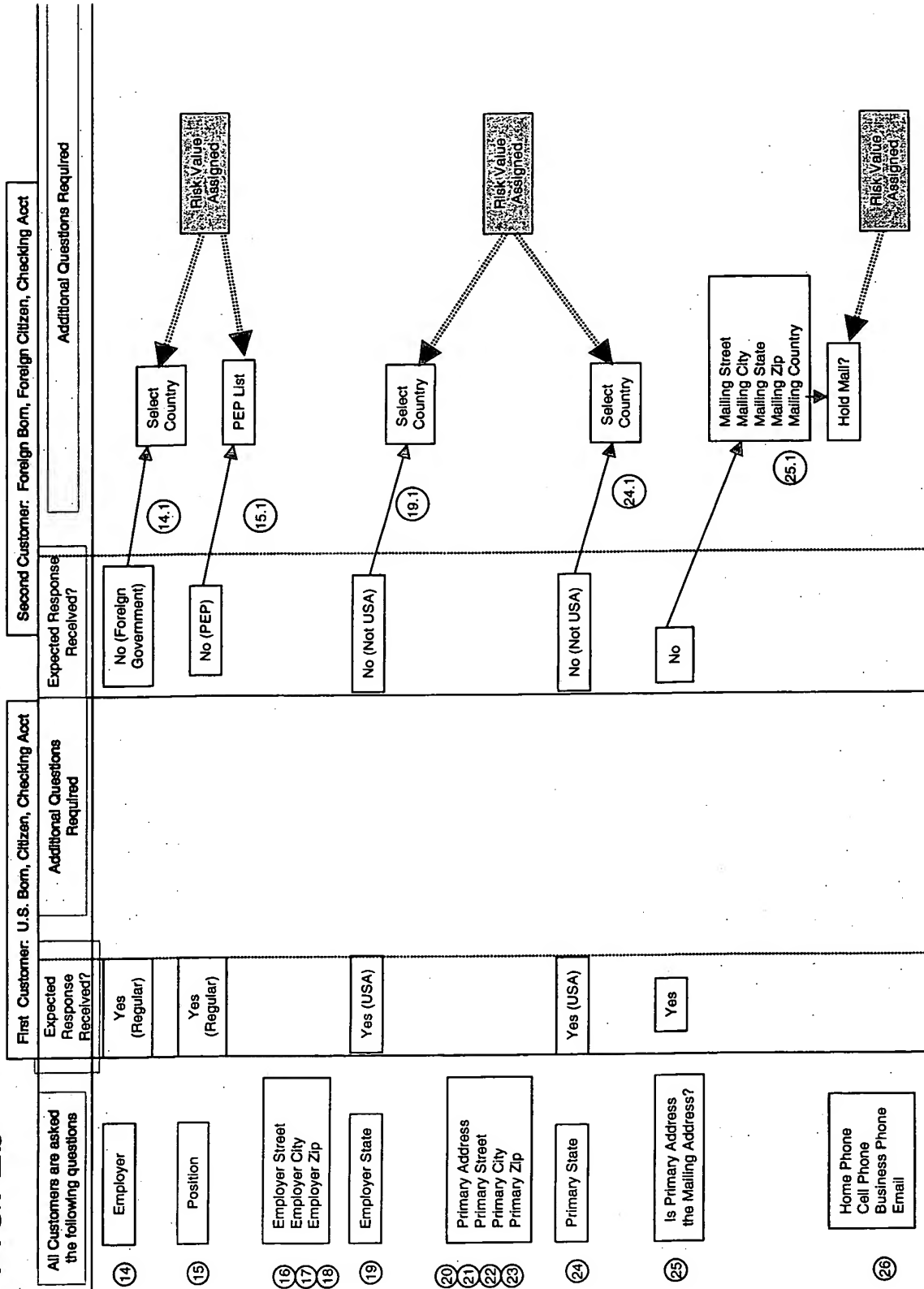


FIG. 2c

All Customers are asked the following questions	First Customer: U.S. Born, Citizen, Checking Acct		Second Customer: Foreign Born, Foreign Citizen, Checking Acct	
	Expected Response Received?	Additional Questions Required	Expected Response Received?	Additional Questions Required
<div>27 Initial Amount to be Deposited</div> <div>28 Source of Initial Deposit</div> <div>29 Estimated Annual Income</div>	<div>Yes (Source on list)</div> <div>Yes (Less than \$100K)</div>		<div>No (Not on list)</div> <div>No (Greater than \$100K)</div>	<div>29.1 Estimated Net Worth</div> <div>Source of Wealth</div>
<div>30 Source of Income</div> <div>31 Type of Account or Service Required?</div> <div>32 Type of Product Plan</div> <div>33 Account Number</div> <div>34 Date Opened</div> <div>35 RC #</div>	<div>Yes (Checking)</div>		<div>Yes (Checking)</div>	
<div>36 Joint Account?</div>	<div>Yes (Not joint)</div>		<div>No (Joint)</div>	<div>36.1</div> <div>First Name</div> <div>Last Name</div> <div>DOB</div> <div>State of Birth</div> <div>Country of Birth</div> <div>Country of Citizenship</div> <div>Other Country of Citizenship</div> <div>Type of ID</div> <div>ID #</div> <div>Country of Residence</div> <div>Employer</div> <div>Position</div>

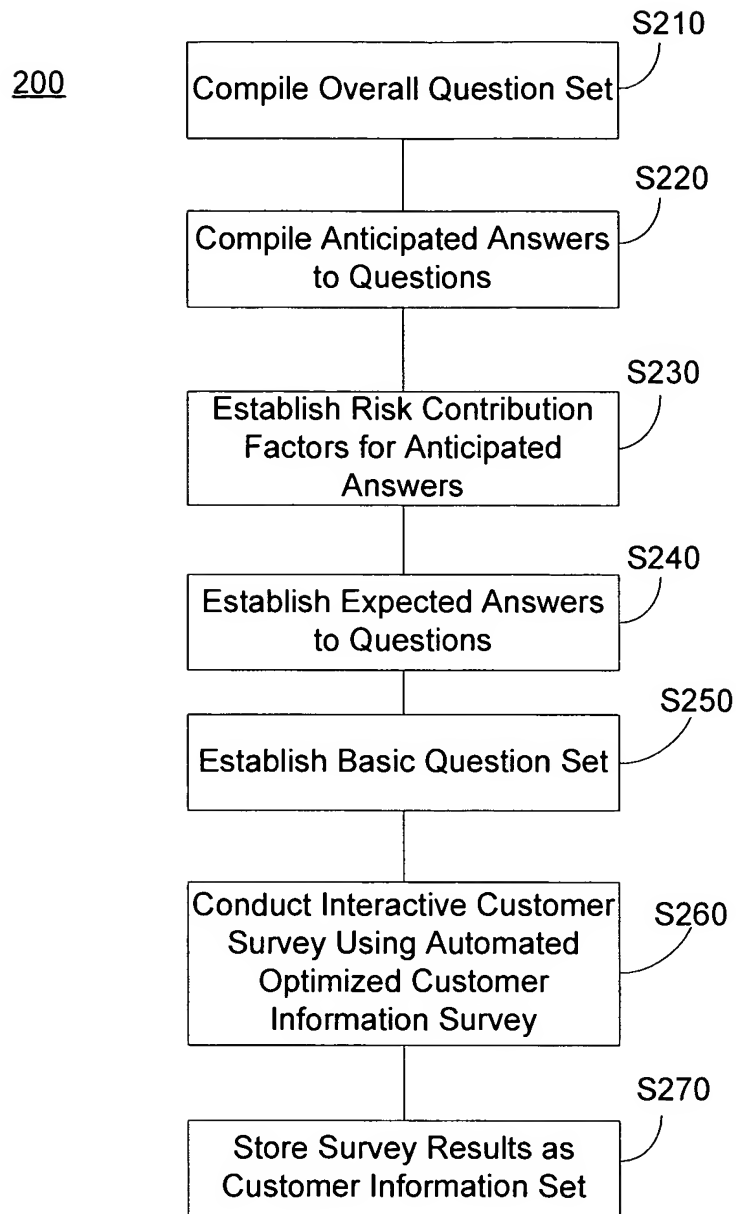


FIG. 3

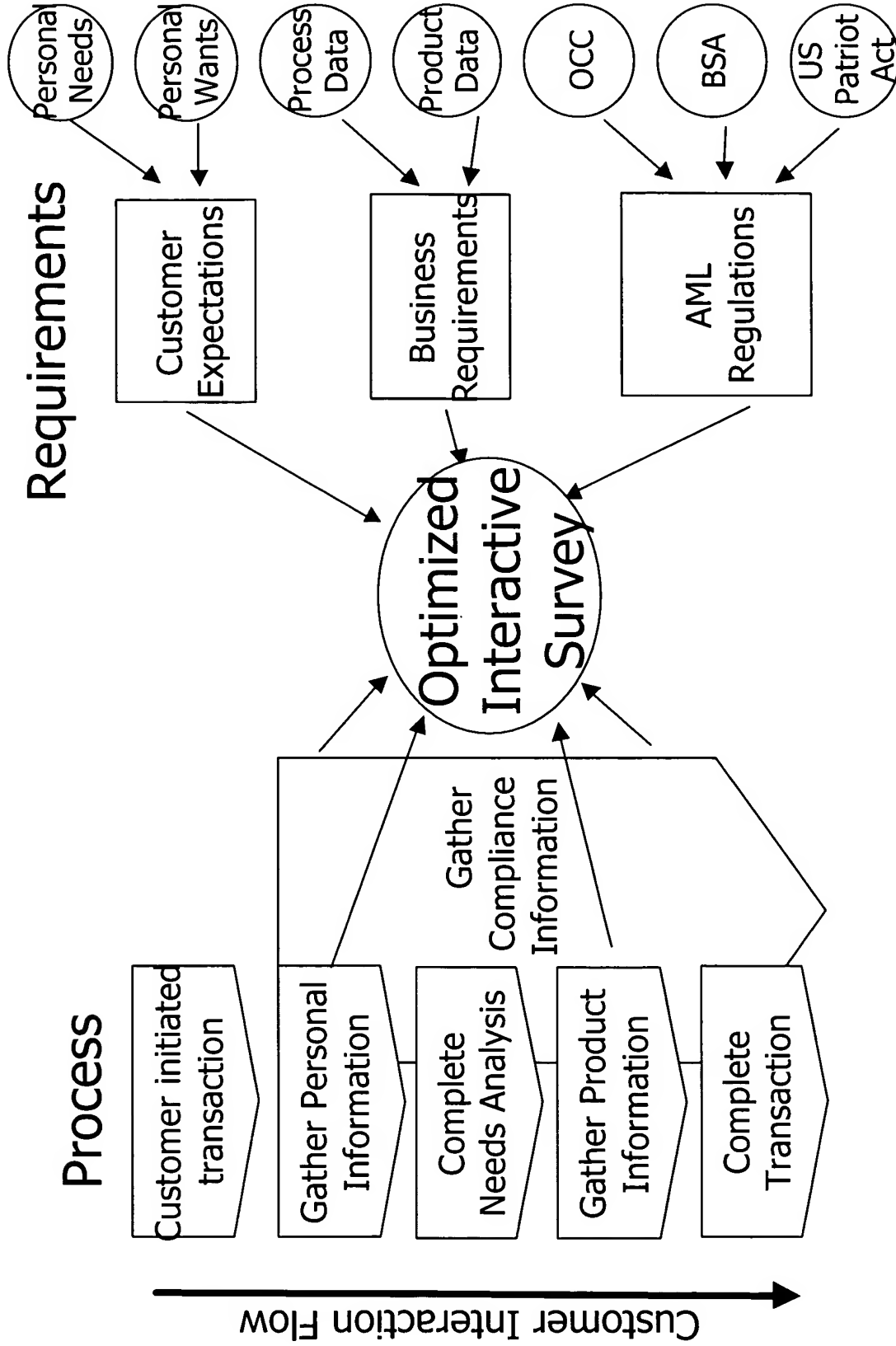


FIG. 4

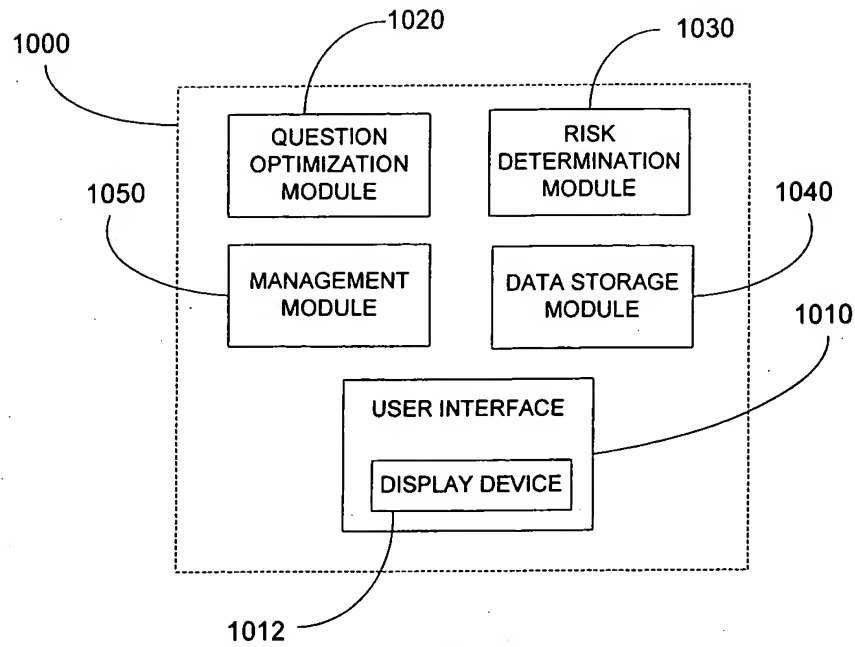


FIG. 5

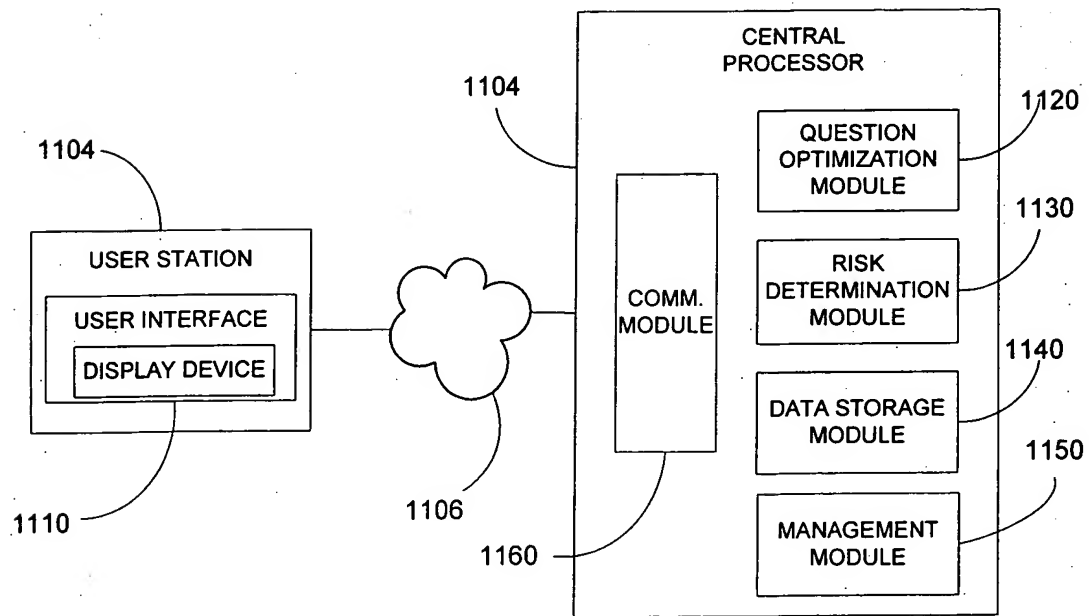


FIG. 6

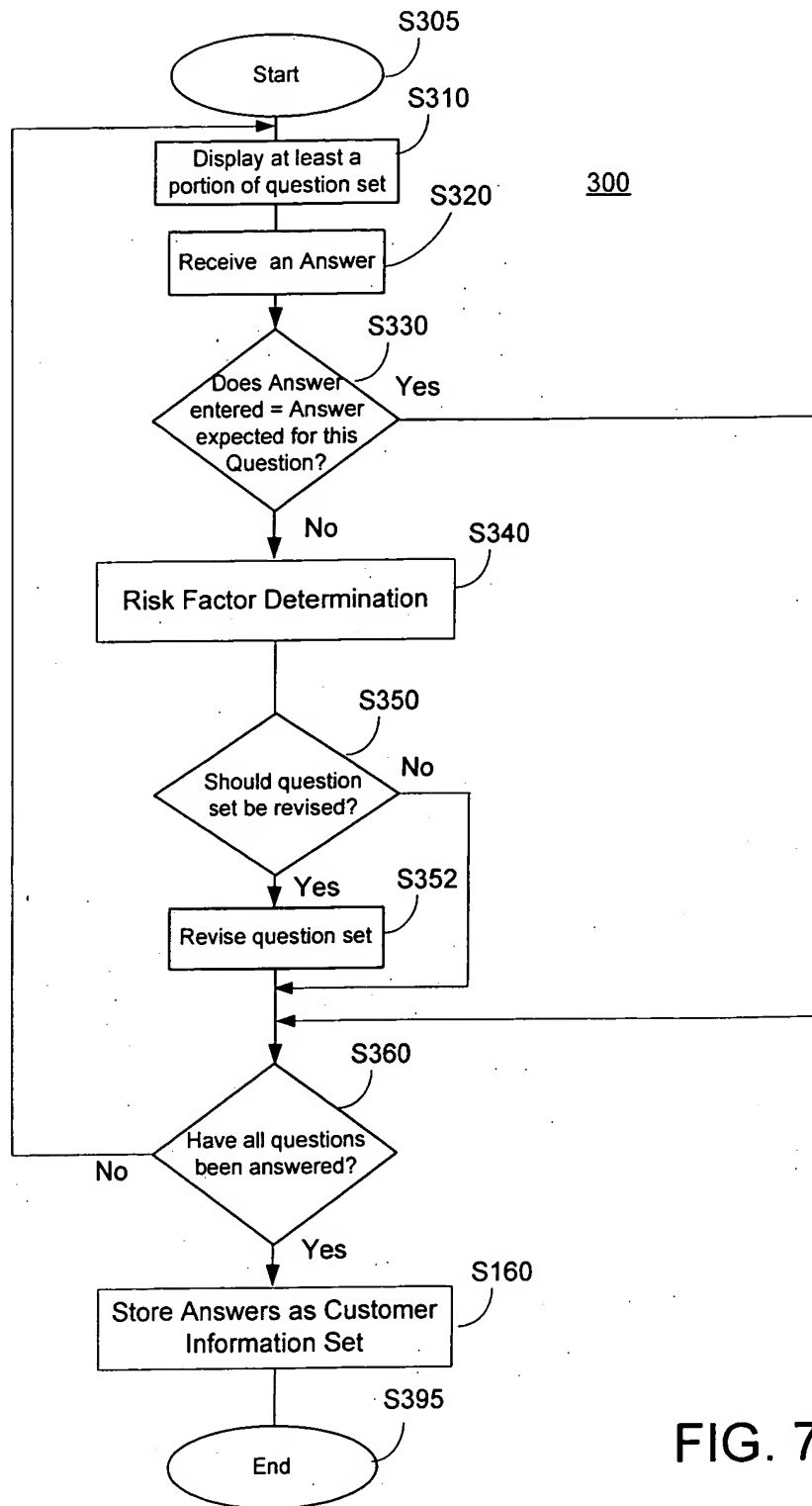


FIG. 7

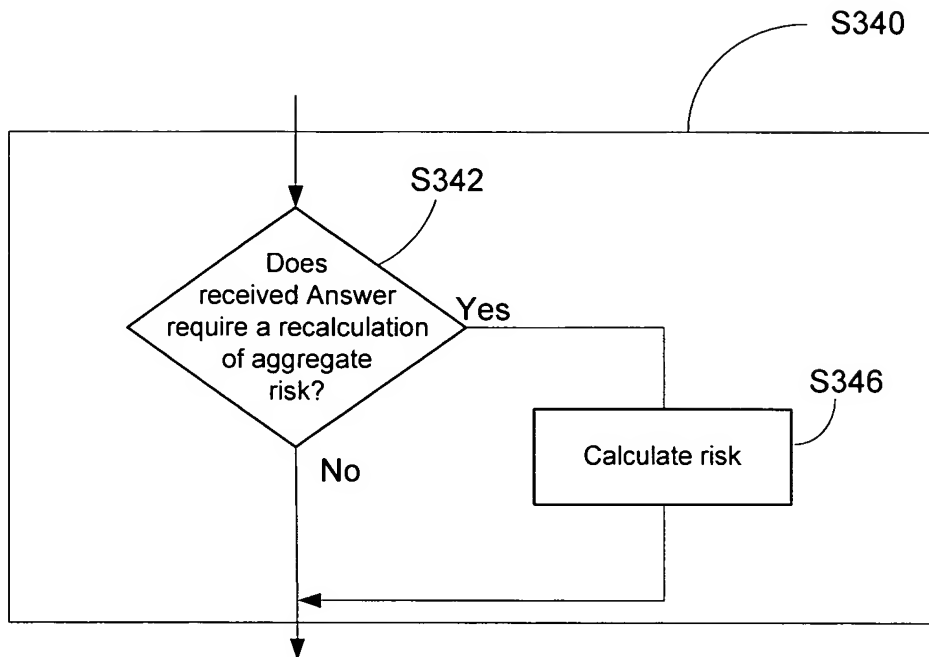


FIG. 8

Customer Identification Program - Individual - Microsoft Internet Explorer

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RIGGS

Customer Identification Program - Individual

General Identification Account Information Information Verification Completion Review and Approval

New Form Updated Date Risk Rating

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

Primary Accountholder

		PEP	NRA	FNCE	FATF	OFAC	License Number	Other Lists
Last Name	Maddox	No	No	No	No	No	N/A	No
First Name	Shawna	No	No	No	No	No	N/A	No
Date of Birth	00/00/00							No
Country of Birth								No
Country of Citizenship #1								No
Country of Citizenship #2								No
Country of Citizenship #3								No
Type of Identification								No
Identification Number								No
Country of Issuance								No
Employer								No
Position								No
If other, Explain								No

Primary Address (No PO Boxes except APO or FPO)

Street 4234 4th St, SE #201

City State Zip

Mailing Address (if available)

Street

City State Zip

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FIG. 9

Customer Identification Program - Individual - Microsoft Internet Explorer

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RIGGS Customer Identification Program - Individual

General Identification Information: Information, Verification, Calculation Review and Approval

New Form [Yes] [No] Updated [No] Date [] Risk Rating [Low Risk]

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

Primary Accountholder

		Enhanced Due Diligence					Other Lists		License Number
		PEP	NRA	FINCEN	FATF	OFAC			
Last Name	KIFLU	No	No			No			
First Name	SOLOMON	No	No			No			
Date of Birth	00/00/00								
Country of Birth	Guatemala			Yes	No	No			
Country of Citizenship #1				Yes	No	No			
Country of Citizenship #2				Yes	No	No			
Country of Citizenship #3				Yes	No	No			
Type of Identification									
Identification Number									
Country of Issuance									
Employer	ABC Company								
Position									
If other, Explain									

Former U.S. Local Senior Official

Primary Address (No PO Boxes except APO or FPO) Mailing Address (if available)

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FIG. 10

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Customer Identification Program - Individual - Microsoft Internet Explorer

File Edit View Favorites Tools Help

RIGGS

Customer Identification Program - Individual

General Identification Accounts Information Assets Information Verification Completion Review and Approval

New Form Updated Date Risk Rating

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

REFERRAL / INTRODUCTION

FINANCES OF PRIMARY ACCOUNTHOLDER

Estimated Annual Income (All Sources)

Source of Funds (Check all that apply)

Salary/Wages	<input type="checkbox"/>	Royalties	<input type="checkbox"/>	Investments	<input type="checkbox"/>	Pension	<input type="checkbox"/>
Public Assistance	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Income from a Family Business	<input type="checkbox"/>
Other	<input type="checkbox"/>						

Estimated Net Worth (All Sources)

Sources of Wealth (Check all that apply)

Salary/Wages	<input type="checkbox"/>	Sale of Real Estate	<input type="checkbox"/>	Gift	<input type="checkbox"/>	State of Business	<input type="checkbox"/>
Sale of Personal Property	<input type="checkbox"/>	Sale of Securities	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Bonus	<input type="checkbox"/>
Tax Refund	<input type="checkbox"/>	Living Trust (Cash)	<input type="checkbox"/>	Living Trust (Non-Cash)	<input type="checkbox"/>	Investment Management Account	<input type="checkbox"/>
Other	<input type="checkbox"/>						

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FIG. 11

Customer Identification Program - Individual - Microsoft Internet Explorer
File Edit View Favorites Tools Help

FINANCES OF PRIMARY ACCOUNTHOLDER

Estimated Annual Income (All Sources)

Source of Funds (Check all that apply)	
<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Royalties
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Rental Income
<input type="checkbox"/> Other	<input type="checkbox"/>

Estimated Net Worth (All Sources)

Sources of Wealth (Check all that apply)	
<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Sale of Real Estate
<input type="checkbox"/> Sale of Personal Property	<input type="checkbox"/> Sale of Securities
<input type="checkbox"/> Tax Refund	<input type="checkbox"/> Living Trust (Cash)
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Living Trust (Non-Cash)
If Other, Explain	

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Investment Management Account	
<input type="checkbox"/> Investments	<input type="checkbox"/> Pension
<input type="checkbox"/> Trust	<input type="checkbox"/> Income from a Family Business
<input type="checkbox"/> Gift	<input type="checkbox"/> State of Business
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Bonus
<input checked="" type="checkbox"/> Living Trust (Non-Cash)	<input checked="" type="checkbox"/> Investment Management Account

If Living Trust (Cash)	
<input type="checkbox"/> Personal Bank Accounts	<input type="checkbox"/> Proceeds from Sale of Assets

If Living Trust (Non-Cash)	
<input type="checkbox"/> Securities	<input type="checkbox"/> Real Estate

If Investment Management Account	
<input type="checkbox"/> Transfer from Other Client Account	<input type="checkbox"/> Proceeds from Sale of Assets
<input type="checkbox"/> Other	<input type="checkbox"/> Bonus
	<input type="checkbox"/> Tax Refund

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FIG. 12

RIGGS

General Identification

New Form: ☐ Initiated: ☐ Date:

Risk Rating: Low Risk

Customer Identification Program - Individual

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

Primary Accountholder

		PEP	IRA	FINCEN	FATF	OFAC	Other Lists	Licence Number
Last Name	PEROTTI	No	No			No	N/A	
First Name	DAVID	No	No			No	N/A	
Date of Birth	00000000							
Country of Birth	United States			No	No	No	No	N/A
Country of Citizenship #1	United States			No	No	No		
Country of Citizenship #2				No	No	No		
Country of Citizenship #3				No	No	No		
Type of Identification								
Identification Number								
Country of Issuance								
Employer								
Position								

Primary Address (No PO Boxes except APO or FPO)

Street: 11703 TUMBRELE CT

Mailing Address (if available)

Street:

FIG. 13